41

Intervention Theory and Methods

Chris Argyris

A DEFINITION OF INTERVENTION

To intervene is to enter into an ongoing system of relationship, to come between or among persons, groups, or objects for the purpose of helping them. There is an important implicit assumption in the definition that should be made explicit: the system exists independently of the intervenor. There are many reasons one might wish to intervene. These reasons may range from helping the clients make their own decisions about the kind of help they need to coercing the clients to do what the intervenor wishes them to do. Examples of the latter are modern black militants who intervene to demand that the city be changed in accordance with their wishes and choices (or white racists who prefer the same); executives who invite interventionists into their system to manipulate subordinates for them; trade union leaders who for years have resisted systematic research in their own bureaucratic functioning at the highest levels because they fear that valid information might lead to entrenched interests—especially at the top—being unfrozen.

The more one conceives of the intervenor in this sense, the more one implies that the client system should have little autonomy from the intervenor; that its boundaries are indistinguishable from those of the intervenor; that its health or effectiveness are best controlled by the intervenor.

In contrast, our view acknowledges interdependencies between the intervenor and the client system but focuses on how to maintain, or increase, the client system's autonomy; how to differentiate even more clearly the boundaries between the client system and the intervenor; and how to conceptualize and define the client system's health independently of the intervenor's. This view values the client system as an ongoing, self-responsible unity that has the obligation to be in control over its own destiny. An intervenor, in this view, assists a system to become more effective in problem solving, decision making, and decision implementation in such a way that the system can continue to be increasingly effective in these activities and have a decreasing need for the intervenor.

Another critical question the intervenor must ask is, how is he helping—management or employees, black militants or Negro moderates, white racists or white moderates? Several chapters of the book are concerned with this question. At this point, it is suggested that the intervenor must be concerned with the system as a whole even though his initial contact may be made with only a few people. He therefore focuses on those intervention activities that eventually (not necessarily immediately) will provide *all* the members' opportunities to enhance their competence and effectiveness. If any individual or subsystem

Source: Chris Argyris, *Intervention Theory and Methods*, © 1970, Addison-Wesley Publishing Co., Inc., Reading, Massachusetts, pp. 15–20. Reprinted with permission.

wishes help to prevent other individuals or subsystems from having these opportunities, then the intervenor may well have to question seriously his involvement in the project.[1]

BASIC REQUIREMENTS FOR INTERVENTION ACTIVITY

Are there any basic or necessary processes that must be fulfilled regardless of the substantive issues involved, if intervention activity is to be helpful with any level of client (individual, group, or organizational)? One condition that seems so basic as to be defined axiomatic is the generation of *valid information.* Without valid information, it would be difficult for the client to learn and for the interventionist to help.

A second condition almost as basic flows from our assumption that intervention activity, no matter what its substantive interests and objectives, should be so designed and executed that the client system maintains its discreteness and autonomy. Thus *free, informed choice* is also a necessary process in effective intervention activity.

Finally, if the client system is assumed to be ongoing (that is, existing over time), the clients require strengthening to maintain their autonomy not only vis-à-vis the interventionist but also vis-à-vis other systems. This means that their commitment to learning and change has to be more than temporary. It has to be so strong that it can be transferred to relationships other than those with the interventionist and can do so (eventually) without the help of the interventionist. The third basic process for any intervention activity is therefore the client's *internal commitment* to the choices made.

In summary, valid information, free choice, and internal commitment are considered integral parts of any intervention activity, no matter what the substantive objectives are (for example, developing a management performance evaluation scheme, reducing intergroup rivalries, increasing the degree of trust among individuals, redesigning budgetary systems, or redesigning work). These three processes are called the primary intervention tasks.

PRIMARY TASKS OF AN INTERVENTIONIST

Why is it necessary to hypothesize that in order for an interventionist to behave effectively and in order that the integrity of the client system be maintained, the interventionist has to focus on three primary tasks, regardless of the substantive problems that the client system may be experiencing?

Valid and Useful Information

First, it has been accepted as axiomatic that valid and useful information is the foundation for effective intervention. Valid information is that which describes the factors, plus their interrelationships, that create the problem for the client system. There are several tests for checking the validity of the information. In increasing degrees of power they are public verifiability, valid prediction, and control over the phenomena. The first is having several independent diagnoses suggest the same picture. Second is generating predictions from the diagnosis that are subsequently confirmed (they occurred under the conditions that were specified). Third is altering the factors systematically and predicting the effects upon the system as a whole. All these tests, if they are to be valid, must be carried out in such a way that the participants cannot, at will, make them come true. This would be a self-fulfilling prophecy and not a confirmation of a prediction. The difficulty with a self-fulfilling prophecy is its indication of more about the degree of power an individual (or subset of individuals) can muster to alter the system than about the nature of the system when the participants are behaving without knowledge of the diagnosis. For example, if an executive learns that the interventionist predicts his subordinates will behave (a) if he behaves (b), he might alter (b) in order not to lead to (a). Such an alteration indicates the executive's power but does not test the validity of the diagnosis that if (a), then (b).

The tests for valid information have important implications for effective intervention activity. First, the interventionist's diagnoses must strive to represent the total client system and not the point of view of any subgroup or individual. Otherwise, the interventionist could not be seen only as being under the control of a particular individual or subgroup, but also his predictions would be based upon inaccurate information and thus might not be confirmed.

This does not mean that an interventionist may not begin with, or may not limit his relationship to, a subpart of the total system. It is totally possible, for example, for the interventionist to help management, blacks, trade union leaders, etc. With whatever subgroup he works he simply should not agree to limit his diagnosis to its wishes.

It is conceivable that a client system may be helped even though valid information is not generated. Sometimes changes occur in a positive direction without the interventionist having played any important role. These changes, although helpful in that specific instance, lack the attribute of helping the organization to learn and to gain control over its problem-solving capability.

The importance of information that the clients can use to control their destiny points up the requirement that the information must not only be valid, it must be useful. Valid information that cannot be used by the clients to alter their system is equivalent to valid information about cancer that cannot be used to cure cancer eventually. An interventionist's diagnosis should include variables that are manipulable by the clients and are complete enough so that if they are manipulated effective changes will follow.

Free Choice

In order to have free choice, the client has to have a cognitive map of what he wishes to do. The objectives of his action are known at the moment of decision. Free choice implies voluntary as opposed to automatic; proactive rather than reactive. The act of selection is rarely accomplished by maximizing or optimizing. Free and informed choice entails what Simon has called "satisficing," that is, selecting the alternative with the highest probability of succeeding, given some specified cost constraints. Free choice places the locus of decision making in the client system. Free choice makes it possible for the clients to remain responsible for their destiny. Through free choice the clients

[1] There is an important function within the scope of responsibility of the interventionist that will not be discussed systematically in this volume. It is the public health function. There are many individuals who do not ask for help because they do not know they need help or that help could be available to them. The societal strategy for developing effective intervention activity must therefore include a function by which potential clients are educated about organizational health and illness as well as the present state of the art in effecting change. The writer hopes that this volume plays a role in facilitating this function.

can maintain the autonomy of their system.

It may be possible that clients prefer to give up their responsibility and their autonomy, especially if they are feeling a sense of failure. They may prefer, as we shall see in several examples, to turn over their free choice to the interventionist. They may insist that he make recommendations and tell them what to do. The interventionist resists these pressures because if he does not, the clients will lose their free choice and he will lose his own free choice also. He will be controlled by the anxieties of the clients.

The requirement of free choice is especially important for those helping activities where the processes of help are as important as the actual help. For example, a medical doctor does not require that a patient with a bullet wound participate in the process by defining the kind of help he needs. However, the same doctor may have to pay much more attention to the processes he uses to help patients when he is attempting to diagnose blood pressure or cure a high cholesterol. If the doctor behaves in ways that upset the patient, the latter's blood pressure may well be distorted. Or, the patient can develop a dependent relationship if the doctor cuts down his cholesterol—increasing habits only under constant pressure from the doctor—and the moment the relationship is broken off, the count goes up.

Effective intervention in the human and social spheres requires that the processes of help be congruent with the outcome desired. Free choice is important because there are so many unknowns, and the interventionist wants the client to have as much willingness and motivation as possible to work on the problem. With high client motivation and commitment, several different methods for change can succeed.

A choice is free to the extent the members can make their selection for a course of action with minimal internal defensiveness; can define the path (or paths) by which the intended consequence is to be achieved; can relate the choice to their central needs; and can build into their choices a realistic and challenging level of aspiration. Free choice therefore implies that the members are able to explore as many alternatives as they consider significant and select those that are central to their needs.

Why must the choice be related to the central needs and why must the level of aspiration be realistic and challenging? May people not choose freely unrealistic or unchallenging objectives? Yes, they may do so in the short run, but not for long if they still want to have free and informed choice. A freely chosen course of action means that the action must be based on an accurate analysis of the situation and not on the biases or defenses of the decision makers. We know, from the level of aspiration studies, that choices which are too high or too low, which are too difficult or not difficult enough will tend to lead to psychological failure. Psychological failure will lead to increased defensiveness, increased failure, and decreased self-acceptance on the part of the members experiencing the failure. These conditions, in turn, will tend to lead to distorted perceptions by the members making the choices. Moreover, the defensive members may unintentionally create a climate where the members of surrounding and interrelated systems will tend to provide carefully censored information. Choices made under these conditions are neither informed nor free.

Turning to the question of centrality of needs, a similar logic applies. The degree of commitment to the processes of

generating valid information, scanning, and choosing may significantly vary according to the centrality of the choice to the needs of the clients. The more central the choice, the more the system will strive to do its best in developing valid information and making free and informed choices. If the research from perceptual psychology is valid, the very perception of the clients is altered by the needs involved. Individuals tend to scan more, ask for more information, and be more careful in their choices when they are making decisions that are central to them. High involvement may produce perceptual distortions, as does low involvement. The interventionist, however, may have a greater probability of helping the clients explore possible distortion when the choice they are making is a critical one.

INTERNAL COMMITMENT

Internal commitment means the course of action or choice that has been internalized by each member so that he experiences a high degree of ownership and has a feeling of responsibility about the choice and its implications. Internal commitment means that the individual has reached the point where he is acting on the choice because it fulfills his own needs and sense of responsibility, as well as those of the system.

The individual who is internally committed is acting primarily under the influence of his own forces and not induced forces. The individual (or any unity) feels a minimal degree of dependence upon others for the action. It implies that he has obtained and processed valid information and that he has made an informed and free choice. Under these conditions there is a high probability that the individual's commitment will remain strong over time (even with reduction of external rewards) or under stress, or when the course of action is challenged by others. It also implies that the individual is continually open to reexamination of his position because he believes in taking action based upon valid information.